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## **FACSIMILE TRANSMITTAL SHEET**

**TO:** Examiner John A. Jeffery - Group Art Unit 3742

**FIRM/COMPANY:** Mail Stop Amendment / USPTO

**FACSIMILE NUMBER:** 703.872.9306

**CONFIRMATION  
TELEPHONE:** 703.306.4601

**FROM:** Anne Marie Leavy for Edward J. Lynch

**DIRECT DIAL:** 415.371.2217

**DATE:** January 10, 2005

**USER NUMBER:** 5121

**FILE NUMBER:** Atty Docket No. R0367-01003, USSN 10/170,448

**TOTAL # OF PAGES:**  
(INCLUDING COVERSHEET)

**MESSAGE:** Attached is an *Amendment in Response to Office Action Mailed 09/20/2004 and Terminal Disclaimer (by Attorney)*.

**NOTE:** Original will not follow

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## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **IMAGEABLE BIOPSY SITE MARKER**

Serial No.: 10/179,448

Filed: November 21, 2003

Atty. Docket No.: R0367-01003

Examiner: J. A. Jeffery

Group Art Unit: 3742

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## CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (703) 872-9306, addressed to Examiner J. A. Jeffery, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 10, 2005, in San Francisco, CA.

  
 Anne Marie Leavy

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 09/20/2004 and Terminal Disclaimer by Attorney.
- Claim Fee Calculation

☐ No additional claim fee is required.

☒ Amendment increases number of claims or multiple dependencies.

**Additional Claim Fee Calculation**

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	5 - 4 =	1 x	\$100=	\$100
Total Claims	2202	46 - 31 =	15 x	\$25=	\$375

Fees Due ..... \$475

- Additional fees: Terminal Disclaimer fee under 37 CFR 1.20(d) ..... \$65
- Additional fees: Request for Extension of Time for one (1) month from December 20, 2004 to January 20, 2005 pursuant to 37 CFR §1.17(a)(1), (Fee Code 2251) ..... \$60

Total Fees Due ..... \$600

- Payment of Fees

☐ Enclosed is a check for the total fees due in the amount of \_\_\_\_\_.

☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-01003.  
 A duplicate copy of this document is enclosed.

By: 

Edward J. Lynch  
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Commissioner for Patents  
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